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CONFIRMATION NO. 2644

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/540,843	<b>FILING OR 371(c) DATE</b> 03/31/2000 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1635	<b>ATTORNEY DOCKET NO.</b> 06225.0003.CPUS02
<b>APPLICANTS</b> Barbara A. Gilchrest, Boston, MA; Mina Yaar, Sharon, MA; Mark Eller, Boston, MA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/048,927 03/26/1998 PAT 6,147,056 which is a CIP of 08/952,697 11/30/1998 ABN which is a CIP of 08/467,012 06/06/1995 PAT 5,955,059				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/30/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 70 <b>INDEPENDENT CLAIMS</b> 16
<b>ADDRESS</b> 22930				
<b>TITLE</b> USE OF LOCALLY APPLIED DNA FRAGMENTS				
<b>FILING FEE RECEIVED</b> 4036	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	